**Georgia Trauma Commission Rehab Committee**

**Meeting Minutes**

[Link to Meeting Documents and Attachments](https://trauma.georgia.gov/events/2025-01-27/gtc-rehabilitation-committee-meeting)

January 27, 2025

Zoom

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| **COMMITTEE MEMBERS PRESENT** | **REPRESENTING** |
| Vox, Ford, Chair | Shepherd Center |
| Anderson, Raeda | Shepherd Center |
| Braun, Carrie | Atrium Health Navicent |
| Brick Johnstone | Shepherd Center |
| Kidwell, Susannah | Children’s Healthcare of Atlanta |

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| **STAFF & OTHER REPRESENTATION** | **REPRESENTING** |
| Atkins, Elizabeth | Georgia Trauma Commission |
| Saye, Gabriela | Georgia Trauma Commission |
| Solomon, Gina | Georgia Trauma Commission |
| Shelnutt, Crystal | Georgia Trauma Commission |
| Vaughan, Katie | Georgia Trauma Commission |
| Fulenwider, Blake | Georgia Hospital Association |
| Schroeder, Bryan | Side by Side Brain Injury Clubhouse |
| Westling, Judy | Side by Side Brain Injury Clubhouse |

**STANDING AGENDA ITEMS**

**CALL TO ORDER**

With five members present, Dr. Ford Vox called the meeting to order at 11:30 a.m. Dr. Vox opened the meeting, acknowledging that previous meetings focused on data analysis and progress updates; however, for this meeting, he has invited an external organization, Side by Side Injury Clubhouse, to present on its mission to enhance community integration for individuals with brain injuries.

**SIDE BY SIDE BRAIN INJURY CLUBHOUSE**

*Presented by Bryan Schroeder and Judy Westling*

Bryan Schroeder and Judy Westling from Side By Side Brain Injury Clubhouse presented an overview of their organization, which provides a community-based day program and support services for adults with acquired brain injuries (**ATTACHMENT A**). They discussed the clubhouse model, membership criteria, daily activities, and the long-term nature of their services in supporting brain injury survivors.

Key Discussion Points:

* 25-year-old organization providing community, purpose, and support for brain injury survivors
* Clubhouse model gives agency to members, who contribute to daily operations
* Serves 75-100 members currently, with stays ranging from 6 months to 15+ years
* Provides vocational support, life skills training, and advocacy for members
* Facing funding challenges, exploring ways to expand impact beyond the physical clubhouse

In closing, committee members discussed how Side by Side could integrate more closely with the trauma system, ensuring that brain injury survivors are aware of and have access to their services. Funding challenges remain, especially for long-term adult support. The committee discussed increasing awareness among trauma hospitals and healthcare providers.

Bryan encouraged committee members to visit the Side by Side Brain Injury Clubhouse and thanked the Committee for taking the time to present on their mission. Dr. Vox acknowledged the need for continuing discussion on funding mechanisms and potential collaborations with Georgia Medicaid to address gaps in rehabilitation care. Bryan expressed readiness to engage in upcoming discussions and continue exploring solutions to support individuals with brain injuries.

**SIDE BY SIDE BRAIN INJURY CLUBHOUSE**

*Presented by Dr. Raeda Anderson*

Dr. Raeda Anderson shared a presentation (**ATTACHMENT B**) that expands on the demographic and health-related trends analyzed at the previous November Commission meeting. The presentation specifically focuses on the Injury Severity Score (ISS) and its relationship to patient discharge locations.

Key Discussion Points:

* Patients discharged to rehab have a higher average ISS than those discharged home
* Key insights included:
  + Injury severity (higher severity = more likely for rehab)
  + Amputation (18x more likely for rehab)
  + Spinal cord injury (2x more likely for rehab)
  + Differences in discharge locations based on insurance type and race.
* Surprising finding: TBI patients less likely to go to rehab (may need further investigation)

Despite differences in discharge outcomes, the key takeaway is that multiple factors play a role in discharge location decisions (home, rehab, or other care). Dr. Anderson proposed identifying a typical rehab profile for patients and using this to spot those who should have been discharged to rehab but weren’t. Also, examining the reverse, those who went to rehab but perhaps shouldn’t have. The importance of narrowing down actionable factors for improvement in rehabilitation care was emphasized.

Susannah Kidwell expressed interest in analyzing the pediatric subgroup. Dr. Anderson confirmed that there is enough pediatric data to conduct this analysis, which could provide valuable insights. Additionally, Dr. Anderson highlighted a challenge with the lack of data on functional impairments, which are key to defining rehab eligibility. Dr. Vox suggested continuing to use the available data but acknowledged the limitations of these specific metrics.

Dr. Anderson shared that she plans to run the data analysis, including the injury severity and age breakdowns, and she aims to present a simplified version of the findings at the upcoming commission meeting. She asked committee members for feedback on how to make the data more digestible for the Commission.

The committee expressed appreciation for the work being done and thanked Dr. Anderson for her efforts in preparing the data for review.

**Summary/Action Items:**

* Bryan Schroeder and Judy Westling from Side By Side Brain Injury Clubhouse presented an overview (**ATTACHMENT A**) of their organization, which provides a community-based day program and support services for adults with acquired brain injuries.
* Raeda Anderson presented a detailed analysis (**ATTACHMENT B**) of trauma patient discharge patterns, examining the relationship between injury severity, patient demographics, insurance status, and likelihood of being discharged to rehabilitation versus home with or without additional care.
* The committee discussed potential next steps based on the data analysis, including conducting further subgroup analysis (e.g. by pediatric patients), identifying a "typical rehab patient profile" to flag patients who may be inappropriately discharged home, and determining the most impactful factors to focus on for improving rehabilitation access and outcomes.

The meeting adjourned at 1:30 pm.

Minutes by Gabriela Saye